

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026405

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 72

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Excelsior SpringsLength of stay in lb
526 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR Veterans Administration
INSTITUTION HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Independent City

c. CITY
OR TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4117 EnrightReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

(NMI)

DUDLEY

4. DATE
OF DEATH

Month

Day

Year

June 30, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-31-93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dentist

10b. KIND OF BUSINESS OR INDUSTRY

Hotel work

11. BIRTHPLACE (City and state or country)

Pine Bluff, Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Dudley

13b. MOTHER'S MAIDEN NAME

Elvira Smith

14. NAME OF HUSBAND OR WIFE

Pearl Rucker Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Pearl Rucker Dudley

Address

Altheimer (Newtown) Arkansas

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction of myocardium, due to arteriosclerotic coronary thrombosis.

INTERVAL BETWEEN
ONSET AND DEATH

26 hrs.

DUE TO (b)

Arteriosclerotic heart disease

10 yrs.

DUE TO (c)

- - - - -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Tuberculosis, pulmonary, chronic, far advanced, active-improved

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 1-20-61

to 6-30-62

Death occurred at 1:35

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JOSEF ADRIANY, Acting Pathologist

22b. ADDRESS

VACC, Ex. Spgs Div.

22c. DATE SIGNED

7-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-3-1962

23c. NAME OF CEMETERY OR CREMATORY

Wadsworth

23d. LOCATION (City, town, or county)

Wadsworth, Kansas

(State)

24. ADDRESS

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

7-5-62

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6004

22129

3

4 2

5 1

6

7 1

8 1

9 7-20-61

10

11

12 7-0

13 1-0

3961 9 2 706 SA

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. ~~7589~~
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lindsey Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.